



**OFFICE OF THE PURCHASING AGENT  
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018  
CHICAGO, ILLINOIS 60602-1375  
(312) 603-5370

THIS PURCHASE ORDER NUMBER  
MUST APPEAR ON ALL PACKAGES,  
INVOICES, SHIPPING PAPERS AND  
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO  
834256

Wight Construction Inc  
2500 N Frontage Rd  
Darien IL 60561

DATE  
4/25/2013  
F.O.B. POINT

**PURCHASE ORDER NO.**  
**185140 - 000- OP**  
**REQUISITION NO.**  
00108774 O7

**COOK COUNTY FEIN: 36-6006541**  
**ILLINOIS SALES TAX EXEMPT: E-9998-2013-04**  
**FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K**

**SHIP TO** Capital Planning & Policy  
69 W Washington St 30th Fl  
Chicago IL 60602-3007

**DELIVERY INSTRUCTIONS**  
CAPITAL PLANNING & POLICY  
69 W. WASHINGTON - 30TH FL

DEPT NO  
72821261 Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	JOC CONSTRUCTION SERVICES WIGHT / INDUSTRIA JV CONTRACT #11-28-058 WORK ORDER #WICCO-13-001 PROJECT: STROGER HOSPITAL DOCK DOOR REPLACEMENT. PROJECT DIRECTOR: WARRICK GRAHAM.	.00 JB	.0000	64,730.17	72821270.565140.5111
***** Total Order *****				64,730.17	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE PURCHASING AGENT

**RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)**

I hereby certify that I have received the goods/services reflected above and that the  
items referenced are in full conformity with the purchase order/contract.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby certify that this purchase is in agreement with the requisition  
on file authorizing the expenditure and is properly approved.

**PURCHASING AGENT**

Date: \_\_\_\_\_

*John E. M.* 26 April 2013  
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